UST CERTIFIED WORKER APPLICATION						
INDIVIDUAL CERTIFICATION Please print or type. Failure to answer all questions may cause your application to be rejected.						
Return to: Department of Environmental Quality Office of Environmental Assessment UST Support- Financial Services Post Office Box 4303 Baton Rouge, LA 70821-4303		JSE ONLY				
A. PERSONAL						
Name (last, first and middle) Ms. ☐ Mr. ☐ Mailing Address (street name, P. O. Box or rural ro	Social Security Number:	Date of Birth				
Mailing Address (Street Harne, 1 . O. Dox of Tarant	Jule and box number,					
City/Town	State:	Zip Code:				
Daytime Telephone Number: ()	E-Mail					
TYPE OF CERTIFICATION REQUESTED: ☐ Installation/Repair ☐ Closure ☐ WORK EXPERIENCE (Start with your present of	Installation/Re	epair/Closure				
The information provided in Part C of this application will years of experience in UST work or UST related work. Jobs shown. Also, estimate the percentage of time sper ACCEPTABLE. If additional space is needed to list all just completed if you are using UST related work to qualify frincludes plumbing, construction of wastewater treatments.	Give brief, but complete, descrip nt performing each duty. RESUI obs, copy Section C. NOTE: S or certification. Work that is NO	ptions of your duties for the MES ARE NOT Subsection b must be DT considered UST related				
	Position Title:	To:				
Percentage of Time Spent Performing Each Duty Briefly Describe the	Duties Performed While in T Average No. o	his Position: of Hours Worked Weekly:				
b. Persons Performing UST Related Work - In the an should be considered closely related to UST work	ea below, indicate why the w	ork you have performed				
Form LIST-CC-1		Povised: August 26, 200				

ORK EXPERIENCE	CONTINUED		
		Section 2	Copy Form as Neces
Date of Employment ((month day year)		To
			To:
Employer's Name:			_
Employer's Address:			
Employer's Telephone	e Number: <u>(</u>)	P	osition Title:
Percentage of Time	Briefly Descr	ribe the Duties Perform	ed While in This Position:
Spent Performing	Differily Descr	ibe the Duties Feriolini	
Each Duty			Average No. of Hours Worked Weekly:
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			ate why the work you have performed
should be considered	closely related to US	ST work.	
<u>, — — — — — — — — — — — — — — — — — — —</u>			
			<u></u>
		Section 3	
Date of Employment ('month day year)	Section 3	To·
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Employer's Name:		From:	To:
Employer's Name: Employer's Address:		From:	
Employer's Name:		From:	To: Position Title:
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Application for Underground Storage Tank Worker Certification Page Three of Four D. UNDERGROUND STORAGE TANK (UST) JOB REFERENCES Note: This section is not applicable to those individuals using equivalent work experience or a civil or mechanical engineering degree to qualify for an examination. If you are applying for an installation/repair certificate, you must list a minimum of five UST installation/repair jobs (three of the five jobs must be installations) in which you actively participated. These five jobs (UST work performed at separate locations) must have been performed after December 22, 1988. If you are applying for a closure certificate, you must list a minimum of five UST closure jobs in which you actively participated. These five jobs (UST work performed at separate locations) must have been performed after December 22, If you are applying for an installation/repair/closure certificate, you must address both items listed above. Period Of Time When Work Was Type and Location of Jobs Performed For Whom Performed Performed 1.a. Name of UST Owner/Operator Physical Location of Job 1.c. From (month, day & year) Mailing Address To (month, day & year) Contact Person Installation Telephone Number Repair Closure 2.a. Name of UST Owner/Operator 2.b. Physical Location of Job 2.c. From (month, day & year) Mailing Address To (month, day & year) Contact Person Installation Telephone Number Repair Closure Name of UST Owner/Operator Physical Location of Job 3.c. From (month, day & year) Mailing Address To (month, day & year) Contact Person Installation Telephone Number ☐ Repair Closure 4.a. Name of UST Owner/Operator 4.b. Physical Location of Job 4.c. From (month, day & year) Mailing Address To (month, day & year) Contact Person Telephone Number Installation Repair Closure 5.a. Name of UST Owner/Operator 5.b. Physical Location of Job 5.c. From (month, day & year) Mailing Address To (month, day & year) Contact Person Installation Telephone Number Closure Repair Name of UST Owner/Operator Physical Location of Job 6.c. From (month, day & year) Mailing Address To (month, day & year) Contact Person Telephone Number Installation Closure Repair

	<u>JE 1</u>	ANK (UST) JOB REFERENCES (CONT		יס) riod Of Time When Work Wa
For Whom Performed		Type and Location of Jobs Performed	Per	Performed
a. Name of UST Owner/Operator	7.b.	Physical Location of Job	7.c.	From (month, day & year)
Mailing Address				
Contact Person	-			To (month, day & year)
Telephone Number		☐ Installation ☐ Repair ☐ Closure		
a. Name of UST Owner/Operator	8.b.		8.c.	From (month, day & year)
Mailing Address				
Contact Person				To (month, day & year)
Telephone Number		Installation Closure		
a. Name of UST Owner/Operator	9.b.	Physical Location of Job	9.c.	From (month, day & year)
Mailing Address				
Contact Person				To (month, day & year)
Telephone Number ()		☐ Installation ☐ Repair ☐ Closure		
.a. Name of UST Owner/Operator	10.b	. Physical Location of Job	10.c	. From (month, day & year)
Mailing Address				
Contact Person				To (month, day & year)
Telephone Number		Installation Repair Closure		
EDUCATIONAL SUBSTIT 1. Are you using a civil or me		N ral engineering degree from a recognized college o	r univer	rsity to qualify for certification?
Yes 2. If yes, attach a copy of a dengineering from a recogn		No or provide records indicating that a degree has be bllege or university.	en obta	nined in civil or mechanical
all supplementary information	tion a	t all statements, answers and representati ttached hereto, are true and accurate; and half and verified by my signature is cause nvironmental Quality.	ackno	owledge that any false
Signature of Applicant		Date		
determined eligible by the fee of \$132 (for each exam Worker Certification. The Environmental Quality and	Unde inatio check maile	IMPORTANT lify for an examination, they must first sub rground Storage Tanks Division for testing n taken) must accompany this application or money order should be made payable ed (with the completed application) to:LDE ncial Services, P.O. Box 4303, Baton Roug	g. In a for Ui to the Q, Off	ddition, an examination nderground Storage Tank Department of fice of Environmental
Any questions you may ha Division at (225) 219-3437.	ve re	garding the UST Worker Certification prog	ram m	ay be directed to the UST